

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 3,616,611 FILING DATE

FILING DATE

**APPLICANT(S)**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMEND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4						
5						
6						
7						
8		1				
9						
10		1				
11		1				
12						
13		1				
14						
15		1				
16						
17		1				
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	7					
TOTAL CLAIMS	8					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL ADM.						